

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2015 OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

NAIC Group Code	1311	,1311 (Prior Period)	NAIC Compar	ny Code	95844	Employer's ID Numl	ber 38-224	12827
Organized under the Laws of	,	Michigan		. State	of Domicile	or Port of Entry	Michigan	
Country of Domicile		- 9			l States			
Licensed as business type:	Life Accid	lent & Health []	Property/C	asualty []		Hospital, Medical & Denta	al Service or Inde	emnity []
,,		rvice Corporation []	' '	,		Health Maintenance Orga		similary []
	Other []			-		s[X] No[]		
Incorporated/Organized		06/27/1978	(Commence	d Business	02/0	08/1979	
Statutory Home Office		2050 Mast Crond	Davilavand		Detroit MI III	2.40000		
otatatory frome office		2850 West Grand (Street and Nu			.,	Detroit, MI, US (City or Town, State, Coun		
Main Administrative Office				2850 We	est Grand Bo	ulevard		
De	etroit, MI, U	S 48202		(St	treet and Number	313-872-8100		
		atry and Zip Code)				(Area Code) (Telephone Number)	
Mail Address		West Grand Boulevard eet and Number or P.O. Box)	d			Detroit, MI, US 482 (City or Town, State, Country an		
Primary Location of Books a	,	•			2850 West	Grand Boulevard	1 Zip Code)	
•						and Number)		
	etroit, MI, US wn, State, Cour	6 48202 htry and Zip Code)			(Area	248-443-1093 Code) (Telephone Number) (Extended to the control of	ension)	
Internet Web Site Address		· 		ww\	w.hap.org		<i>,</i> 	
Statutory Statement Contac	t	Dianna L Rona	n CPA	,		248-443-109	3	
	dronan@ha	(Name)				(Area Code) (Telephone Num 248-443-8610	ber) (Extension)	
	(E-Mail Addr					(Fax Number)		
			OFFIC	CERS				
Name		Title	01110	CINO	Name		Title	
Wright L Lassiter III		President and			odd E Hutch		Treasurer	
Edith L Eisenmann	<u> </u>	Secretary			Dan E Cham	ipney ,	Assistant Secret	tary
			OTHER O	FFICER	13			
			CTORS C	_	_			
Marvin W Beatty Colleen M Ezzeddine F	Ph D	Shari L Burgo Joyce V Hayes		Sand	ra A Cavette Harvey Holli		James M Conne Jamie C Hsu Ph	
Wright L Lassiter III	#	Raymond C Lo	pe' #		Jackie Ma	rtin	Judith S Milosi	ic
Susanne M Mitchel James G Vella	<u> </u>	Marguerite S F Susie M We		K	im E Schatze	el Ph D Mid	chelle B Schreib	er MD
oanies o vena		Oddie IVI VVC						
State of	Michigan							
County of	Wayne	ss						
The officers of this reporting en above, all of the herein describ that this statement, together w liabilities and of the condition a and have been completed in acmay differ; or, (2) that state rulk knowledge and belief, respective when required, that is an exacregulators in lieu of or in additionabove.	ed assets we ith related ex nd affairs of t cordance with es or regulatively. Furthern t copy (excep	re the absolute property of hibits, schedules and exp he said reporting entity as not the NAIC Annual Stateme ons require differences in a lore, the scope of this atte to for formatting differences	f the said reportin lanations therein of the reporting pent Instructions are reporting not relate station by the des	g entity, free contained, a period stated of Accounting ted to accourscribed office	and clear from innexed or ref above, and of g Practices and inting practices ers also include	m any liens or claims thereon erred to, is a full and true st its income and deductions the d Procedures manual except and procedures, according to the sthe related corresponding	, except as herein atement of all the herefrom for the pe to the extent that: (to the best of their electronic filing wit	stated, and assets and eriod ended (1) state law information th the NAIC
Wright L Lassiter III President and CEO			Todd E Hutchison Treasurer				Eisenmann ecretary	
Subscribed and sworn to b	pefore me th	is ,			b. If r 1. \$ 2. [his an original filing?	Yes [X]	No []
Roderick Irwin Curry, Notar August 14 2020	у							

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	.90,230					
Group subscribers:	·					
Detroit Public Schools.	3,308,480	3,302,422	3,266,863			
Group subscribers: Detroit Public Schools	8,830,111					8,830,111
						-
						-
0299997 Group subscriber subtotal	12,138,591	3,302,422	3,266,863	Λ	n	18,707,876
0299998 Premiums due and unpaid not individually listed	7,273,046	208,202				7,582,042
0299999 Total group	19,411,637	3,510,625	3,367,656	Ω	n	26,289,918
0399999 Premiums due and unpaid from Medicare entities		5,510,625			5	43,706
0499999 Premiums due and unpaid from Medicaid entities	100,700					1
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	19,545,573	3,510,625	3,367,656	0	n	26,423,854
0000000 Accident and meanth premiums due and unpaid (rage 2, Line 10)	10,040,010	0,010,020	3,307,030	0		20,420,004

EXHIBIT 3 - HEALTH CARE RECEIVABLES

	0 - IILALIII OAI		10110			
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 - Aggregate of amounts not individually listed above.	3,384,679	2,735,205	, , , ,	1	2,266,207	3,853,677
0199999 - Pharmaceutical Rehate Receivables	3,384,679	2,735,205	0	0	2,266,207	3,853,677
019999 - Pharmaceutical Rebate Receivables 0499998 - Aggregate of amounts not individually listed above.	3,324,260	_,,,,_,,			_,,	3,324,260
0499999 - Capitation Arrangement Receivables	3,324,260	0	0	0	0	3,324,260
0699998 - Aggregate of amounts not individually listed above	5,806,935				·	5,806,935
0699998 - Aggregate of amounts not individually listed above. 0699999 - Other Receivables	5,806,935	0	0	0	0	5,806,935
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0799999 Gross Health Care Receivables	12,515,874	2,735,205	0	0	2,266,207	12,984,872

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected the Year		ceivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables		5,880,929		6,119,884	6,705,810	3,518,967
Claim overpayment receivables					0	
Loans and advances to providers					0	
Capitation arrangement receivables	8,415,312	1,422,492		3,324,260	8,415,312	8,415,312
Risk sharing receivables					0	
6. Other health care receivables	1,588,498	2,185,018		5,806,935	1,588,498	1,588,498
7. Totals (Lines 1 through 6)	16,709,621	9,488,438	0	15,251,079	16,709,621	13,522,778

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Claims				
1	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Account	I - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid.	0	0	0	0	0	
0299999 Aggregate accounts not individually listed-uncovered	3,586	220	571	57		4,434
0399999 Aggregate accounts not individually listed-covered	27,524,637	1,473,520	1,752,731	962,879	2,795,619	34,509,386
0499999 Subtotals	27,528,223	1,473,740	1,753,302	962,936	2,795,619	34,513,820
0599999 Unreported claims and other claim reserves		·				68,093,466
0699999 Total amounts withheld						9,443,176
0799999 Total claims unpaid						112,050,462
0899999 Accrued medical incentive pool and bonus amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

	2	2					ul
1	2	3	4	5	6	Admi	ttea
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Alliance Health and Life Ins Co	6,845,371					6,845,371	
HAP Midwest Health Plan Inc.	856,692				1	856,692	
HAP Preferred Inc.	563,943					563,943	
HAP Midwest Health Plan Inc. HAP Preferred Inc	37,627					37,627	
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			<u> </u>				
0199999 Individually listed receivables	8,303,632	0	<u> </u> 0	0	<u> </u> 0	8,303,632	0
0299999 Receivables not individually listed	, , , , , ,					, ,,,,	
0399999 Total gross amounts receivable	8,303,632	0	0	0	0	8,303,632	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Henry Ford Health System	Management fees and reimbursements	2,623,799	2,623,799	
Alliance Health and Life Ins Co	Management fees and reimbursements	547 , 473	547,473	
HAP Preferred Inc	Management fees and reimbursements. Management fees and reimbursements. Health Choice Plan.		77 ,270	
		, ,	, .	
0100000 Individually lieted payables		3,248,542	3,248,542	0
0199999 Individually listed payables				
020000 Total reason solvables		3,248,542	3,248,542	0
0399999 Total gross payables		3,240,342	3,240,342	U

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups	226,945,522	15.8	110,403	43.1	160,734,986	66,210,536
2. Intermediaries		0.0		0.0		
3. All other providers	5,454,945	0.4	145,473	56.9		5,454,945
Total capitation payments	232,400,467	16.1	255,876	100.0	160,734,986	71,665,48
Other Payments:						
5. Fee-for-service	45,161,288	3.1	xxx	XXX	23,860	45 , 137 , 428
Contractual fee payments	1,147,220,363	79.7	xxx	XXX	152,268,831	994,951,532
Bonus/withhold arrangements - fee-for-service		0.0	xxx	XXX		
Bonus/withhold arrangements - contractual fee payments		1.0	xxx	XXX	1,931,218	13, 163, 657
9. Non-contingent salaries		0.0	xxx	XXX		
10. Aggregate cost arrangements		0.0	xxx	XXX		
11. All other payments			xxx	XXX		<u> </u>
12. Total other payments	1,207,476,526	83.9	xxx	XXX	154,223,909	1,053,252,617
13. Total (Line 4 plus Line 12)	1,439,876,993	100 %	XXX	XXX	314,958,895	1,124,918,098

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS		VIAIT DIVILIT	3	
1		3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
			<u> </u>]	
	NIONIT				
	NONE	-		i	
	1.01.1				
		-			
		-			
		-	 	 	
		-	 	 	
		-	 		
			 		
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	8,565,389		2,801,514	5,763,874	5,763,874	0
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	8,565,389	0	2,801,514	5,763,874	5,763,874	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Health Alliance Plan of Michigan 2.

IAIO Ossur Os de 1944 DUOINEGO IN THE CTATE	OF Mishins			DURING THE YEAR 2	0045			(LOCATION)	C Company Code	95844
AIC Group Code 1311 BUSINESS IN THE STATE	OF Michigan	Compreh	ensive	DURING THE YEAR 2	2015			NAI	C Company Code	
	1 1	(Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	271,908	4,624	205,720				18,410	43 , 154		
2 First Quarter	264,896	8,681	195,837				17,020	43,358		
3 Second Quarter	261,002	8,152	192,777				16,717	43,356		
4. Third Quarter	257,390	7 ,838	189,079				17 , 149	43,324		
5. Current Year	255,876	7,802	187,651				17,067	43,356		
6 Current Year Member Months	3,123,862	94,081	2,301,239				208,229	520,313		
Total Member Ambulatory Encounters for Year:										
7. Physician	1,228,556	28,817	846,380				81,776	271,583		
8. Non-Physician	146,037	2,894	103,987				9,821	29,335		
9. Total	1,374,593	31,711	950,367	0	0	0	91,597	300,918	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,606,005,036	39 , 249 , 720	973 , 384 , 512				108 , 422 , 768	484 , 948 , 036		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,606,005,036	39 , 249 , 720	973 , 384 , 512				108 , 422 , 768	484 , 948 , 036		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,439,876,993	26,921,158					103,815,802	445,971,037		
18. Amount Incurred for Provision of Health Care Services	1,425,679,521	27,456,083	854,045,758				103,001,630	441,176,050		

(a) For health business: number of persons insured under PPO managed care products 0____and number of persons insured under indemnity only products 0____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$..............486,767,452



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Health Alliance Plan of Michigan 2.

AIC Group Code 1311 BUSINESS IN THE STATE C	NE Consolidated			DURING THE YEAR 2	015			(LOCATION)	IC Company Code	95844
MIC GIOUP COURT 1311 BUSINESS IN THE STATE C	1	Comprel (Hospital &	hensive	4	5	6	7	8 NA	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	271,908	4,624	205,720	0	0	0	18,410	43 , 154	0	
2 First Quarter	264,896	8,681	195,837	0	0	0	17,020	43,358	0	
3 Second Quarter	261,002	8,152	192,777	0	0	0	16,717	43,356	0	
4. Third Quarter	257,390	7 ,838	189,079	0	0		17,149	43,324	0	
5. Current Year	255,876	7,802	187,651	0	0	0	17,067	43,356	0	
6 Current Year Member Months	3,123,862	94,081	2,301,239	0	0	0	208,229	520,313	0	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,228,556	28,817	846,380	0	0	0	81,776	271,583	0	
8. Non-Physician	146,037	2,894	103,987	0	0	0	9,821	29,335	0	
9. Total	1,374,593	31,711	950,367	0	0	0	91,597	300,918	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	1,606,005,036	39,249,720	973,384,512	0	0	0	108,422,768	484,948,036	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	1,606,005,036	39 , 249 , 720	973 , 384 , 512	0	0	0	108,422,768	484,948,036	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	1,439,876,993	26,921,158	863,168,996	0	0	0	103,815,802	445,971,037	0	
18. Amount Incurred for Provision of Health Care Services	1,425,679,521	27,456,083	854,045,758	0	0	0	103,001,630	441,176,050	0	

⁽a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$..............486,767,452

C.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9 Posonyo Liability	10	11	12
NAIC Company Code	ID Number			Domiciliary Jurisdiction	Type of Reinsurance		Unearned	Reserve Liability Other Than For Unearned	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance	Funds Withheld Under Coinsuranc
Code	Number	Effective Date	Name of Reinsured	Jurisdiction	Assumed	Premiums	Premiums	Premiums	and Unpaid Losses	Reserve	Under Coinsuranc
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9999999	Totals					0	0	0	0	0	1

SCHEDULE S - PART 2 Listed by Peinsuring Company as of December 31, Current Year

Name		Re 2	insurance Recover	able on Paid and Unpaid Losses Listed by Rei	nsuring Company as of December 31, Current	Year 6	7
Name		2	3	4	5	6	7
Company	1						
Code Number Date Company Jurisdictor Losses	NAIC			Name			
Court and Part Proportion Court	Company				Domiciliary		Unpaid
A-900002 0.091/2014 0.5 cpc of 11 h 5 hyans Syr 0.5 3.00 m 5 5 3.00 m 5 5 5 5 5 5 5 5 5 5	ccident and Hea	alth - Non-Affili	ates - U.S. Non-Aff	iliates	Junsaiction	Losses	Losses
198806 - Coulom and Part 1994 111456 - 13 36 37 37 37 37 37 37 3	00000	AA -9990032	01/01/2014	US Dept of Hith & Human Serv	DC	3,497,196	221,247
7,8989 - Clan LU S. Star of 105899, 005099, 105099 105099 105099 10509 1	1999999 - Acci	dent and Health	- Non-Affiliates - U	U.S. Non-Affiliates		3,497,196	221,247
7.86939 - Total LS (San of 1039998), 098099 199099 291	2199999 - Acci	dent and Health	- Non-Attiliates -	lotal Non-Attiliates			221,247 221,247
	2399999 - Tota	al U.S. (Sum of 0	399999 0899999 14	99999 and 1999999)			221,247
SSSOSIS Table-1 for Annuly and Anglest and Health (Sum of 1100000 and 7900000) 56755	2000000 1010					0,101,100	
S000000 Train							
9000000 Tutals—If a Anoth and Arcident and Height Nam of 1900000 10 200000 10 20 20 20 20 20 20 20 20 20 20 20 20 20							
3000000 Tutols—If a Annaty and Activises and Health Shirr of 1100000 and 2200000). 1 467 90 27							
S000000 Table—If Annuty and Arcisent and Health (Surr of 1900000 and 200000)							
9000000 Tatak—If Annuly and Accident and Health (Sum of 1100000) and 22000000 1 1 07 95 97							
9000090 Tritis—life Annuity and Arcident and Health (Num of \$100009 and 2200000).							
3000000 Thiskslife Annuls and Accident and Health (Num of \$100000 and 2200000).							
SD00009. Thick—life. Annuits and Accident and Health (Num of \$100009 and 2000000).							
3000009. Thisk-Life Annuls and Acrident and Health (Nurr of \$100009 and 2900000).							
900009 Totals Life Annuly and Accident and Health (Sum of \$100000 and 2200000).							
3000000 Totals—Life Amuru and Accident and Health (Sum of \$100000 and 2200000).							
9800099 Totals—Life Annut and Accident and Health (Surn of 1100009 and 2200090). 5 407 '08 ' 271'							
98000907 Totals—I if a Annuity and Accident and Health (Sum of 190000g and 2900000).							
9900000 Totals— If a Annuty and Accident and Health (Sum of 190000g and 2700000t).				ļ	 	 	
9999999 Totals—I fin. Annuity and Accident and Health (Sum of 1999999 and 29999993).						<u> </u>	
9909000 Totals—If & Annuity and Accident and Health (Sum of 1190909 and 2290909).							
9999999 Totals—I fis Annuity and Accident and Health (Sum of 1190909 and 2999999) 3.407 108 975							
9999990 Totals—I fir. Annuity and Accident and Health (Sum of 1190909 and 2290999).							
9999999 Totals—I file Annuity and Accident and Health (Sum of 119999) and 2299999)							
9999999 Totals—I file Annuity and Accident and Health (Sum of 119999) and 2999999)		·····					
9999999 Trials—I ife Annuly and Accident and Health (Sum of 11999999 and 2999999) 3 407 100 275							
9999999 Trials—I ife Annuly and Accident and Health (Sum of 11999999 and 2299999) 3 407 100 275							
999999 Trials—I ife Annuity and Accident and Health (Sum of 1190909 and 2299999) 3 407 905 275							
9999999 Trials—I ife Annuity and Accident and Health (Sum of 1199999 and 2299999) 3 407 905 729							
9999999 Totals—I fie Annuity and Accident and Health (Sum of 1199999 and 2299999)							
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9999999 Totals—Life Annuity and Accident and Health (Sum of 1199999 and 2299999) 3 //07 106 221				 		 	
	9999999 To	tals—Life Appu	ity and Accident ar	t	·····	3,497,196	221,247

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SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31. Current Year

	Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year												
					6	7			1				
1 1	2	3	4	5			8	9	10	Outstanding	Surplus Relief	13	14
NAIC		·	Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company	ID	Effective	of	Domiciliary	Reinsurance	Business			Taken Other than for	• •		Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
General Acc	ount - Authorized	L - Non-Affiliate	s - U.S. Non-Affiliates	dunsalction	Ocaca	Ocucu	1 TOTTIIGHTIS	(Estillated)	Jeneamea i remiams	Ourient rear	1 Hor roa	TRESCIVE	Orider Comparance
00000	AA-9990032	01/01/2014	III Dont of With & Human Corv	DC.	OTH/I/A	CMM	271,392					1	I
39845	48-0921045	01/01/2014	US Dept of Hith & Human Serv	MO.	SSL/G/A	CMM.					-		
		U1/U1/2U13	on-Affiliates - U.S. Non-Affiliates	JWIU			635,656	Λ		Λ	0	Λ	
			on-Affiliates – O.S. Non-Affiliates				635,656	0	0	0	· ·	0	0
								0	0	0	0		0
			otal General Account Authorized				635,656	0	0	0	0	0	0
3499999 -	General Account	- lotal General	Account Authorized, Unauthorized and Certified				635,656	0	0	0	0	0	0
6999999 -	lotal U.S. (Sum	of 0399999, 0899	999, 1499999, 1999999, 2599999, 3099999, 3799999	, 4299999, 4899999,	5399999, 5999999 and	6499999)	635,656	0	0	0	0	0	0
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9999999	lotals						635,656	0	0	0	0	1 0	0

Schedule S - Part 4
NONE

Schedule S - Part 5

NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1	Omitted) 2	3	4	5
	2015	2014	2013	2012	2011
A. OPERATIONS ITEMS					
1. Premiums	636	690	489	0	0
2. Title XVIII-Medicare	0	0	0	0	0
3. Title XIX-Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses	3,718	4,695	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable	221	239	0	0	0
Reinsurance recoverable on paid losses	3,497	4,455	0	0	0
Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due.		0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	XXX
18. Funds deposited by and withheld from (F)	0	0	0	0	XXX
19. Letters of credit (L)	0	0	0	0	XXX
20. Trust agreements (T)	0	0	0	0	XXX
21. Other (O)	0	0	0	0	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	386 , 188 , 345		386 , 188 , 345
2.	Accident and health premiums due and unpaid (Line 15)	28,330,058		28,330,058
3.	Amounts recoverable from reinsurers (Line 16.1)	3,497,196		3,497,196
4.	Net credit for ceded reinsurance	xxx	3,718,443	3,718,443
5.	All other admitted assets (Balance)	32,073,236		32,073,236
6.	Total assets (Line 28)	450,088,836	3,718,443	453,807,279
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	111,829,208	221,247	112,050,455
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	17,600,901		17,600,901
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	108,403,422		108,403,422
15.	Total liabilities (Line 24)	237 ,833 ,532	221,247	238,054,778
16.	Total capital and surplus (Line 33)	212,255,304	XXX	212,255,304
17.	Total liabilities, capital and surplus (Line 34)	450,088,836	221,247	450,310,083
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	221,247		
19.	Accrued medical incentive pool.	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	3,497,196		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	3,718,443		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	3,718,443		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

					siness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama			·				
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California			-				
6. Colorado	CO		-				
7. Connecticut			-				
8. Delaware							
9. District of Columbia	DC						
10. Florida			-				
11. Georgia	GA						
12. Hawaii			-				
13. Idaho							
14. Illinois	IL						
15. Indiana	JN					ļ	ļ
16. lowa	JA						ļ
17. Kansas							
18. Kentucky							
19. Louisiana	LA						
20. Maine							
21. Maryland							ļ
22. Massachusetts							
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	TM						
28. Nebraska	NE						
29. Nevada	NV		_				
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma							
38. Oregon							
39. Pennsylvania							
40. Rhode Island							
41. South Carolina							
42. South Dakota							
43. Tennessee	TN						
44. Texas	TX						
45. Utah							
46. Vermont	VT						
47. Virginia							
48. Washington							
49. West Virginia							
50. Wisconsin							
			-				·
51. Wyoming			1			l	l
52. American Samoa							
53. Guam							
54. Puerto Rico							·
55. US Virgin Islands						l	·
56. Northern Mariana Islands							ļ
57. Canada							
58. Aggregate Other Alien	OT				1		1

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SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Company Comp							_							1	
Column Company Column Company Column Company Column Company Column	1	2	3	4	5	6		8	9	10	11		13	14	15
Control Cont													If Control is	Ultimate	
Code Content Code			NAIC					Names of		Relationship to					
No. Petry Ford Health Systems Sept. Se													Provide		
Microgram W. Set Servery Foot Realth Systems 33-201693	Code		Code	Number	RSSD	CIK	International)		Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage		*
Penny Ford Health Systems				.							l <u>-</u> <u>-</u> .				
Graph	01311		95844	38 - 2242827				. Michigan	M I	RE		Ownership	100.0		. 0
Althrage Martin and Life Number of Health Systems (1954) 8-291663 (1954) 8-291				20 2542504				IIAD Danformed Lan		DC		O	100.0		
1/311 1/32												. ownership	100.0		.
Harry Ford Health Systems Oropo Ford Health	01311		60134	38-3201563					MI	ns		Ownerchin	100.0		
Scrub lentry Ford lieal th Systems 7-048955 MP Commit y All lance Plan of lieal th Systems 8-150/100 Ment Systems 9814 98-259182 Ment Systems Ment Systems Ment Sy	01311		00 134						1			. Owner sirrp		Henry Ford	
Henry Ford Ireal In Systems				38 - 2651185						DS		Ownership	66.7		0
Harry Ford Health Systems Series														Henry Ford	
Hearty Ford Health Systems Selection		Group		27 - 0449055				HAP Community Alliance		DS		Ownership	100.0	Health System	0
Henry Ford Health Systems Sa-1357020 Henry Ford Health System UDP 0 0 Henry Ford Health System 0 0 Henry Ford Health System 0 0 Henry Ford Health System 0 H		Henry Ford Health Systems													
Group	01311		95814	38 - 3123777				.HAP Midwest Health Plan, Inc	MI	DS	Michigan	.Ownership	100.0	Health System	. 0
Henry Ford Health Systems Group Henry Ford Macomb Hospital Henry Ford Macomb Hospital NIA Henry Ford Health Systems Group				00 4057000				Harris Frank Harlith Original		LIDD					
Group				38 - 135/020				Henry Ford Health System		UDP			0.0	Honey Ford	.
Henry Ford Health Systems S8-2947657.				39 2701923				Honry Ford Wyandotto		NIIA	Honry Ford Hoalth System	Ownerchin	100.0		0
Group 38-247657 Henry Ford Health System 0 Henry For								Therity ford wyandotte		NIA	l leni y Toru nearth System	. Owner Sirip	100.0		
Henry Ford Health System Sa-3146042 PHO of Mercy Mt. Clemens Real Estate, NIA Henry Ford Health System Ownership 50.0 Henry Ford Health System Ownership 100.0 Henry Ford Health System Owner				38-2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health System	Ownership	100 0		0
Group				20 11 001				1							
Henry Ford Health Systems Service Servic				38-3146042				. PHO of Mercy Macomb		NIA	Henry Ford Health System	Ownership	50.0		0
Henry Ford Health Systems Scroup 38-266535 Fair lane Health Services Corp. NIA Henry Ford Health System 100.0 Henry Ford Gealth Systems 100.0 Henry Ford Health	Henry Ford Health Systems						Mercy Mt. Clemens Real Estate,			,	'				
Group 38-2665235 Fairlane Health Services Corp. NIA Henry Ford Health System Ownership. 100.0 Health System Henry Ford Health System Stroup. 33-1210726 Henry Ford Health System Henry Ford Health System Henry Ford Health System Henry Ford Health System Henry Ford Health System Ownership. 100.0 Health System Henry Ford Health System Ownership. 100.0 Health System Henry Ford Health System Ownership. 100.0 Health System Henry Ford Health System Ownership. 100.0 Health System Henry Ford Health System Ownership. 100.0 Health System Ownership. 100.0 Health System Henry Ford Health System Ownership. 100.0 Health System Henry Ford Health System Ownership. 100.0 Health System Henry Ford Health System Ownership. 100.0 Health System Henry Ford Health System Ownership. 100.0 Health System Henry Ford Health System Ownership. 100.0 Health System Henry Ford Health System Ownership. 100.0 Health System Ownership. 100.0 Health System Ownership. 100.0 Health System Ownership. 100.0 Health System Ownership. 100.0 Health System Ownership. 100.0 Health System Ownership. 100.0 Health System Ownership. 100.0 Health System Ownership. 100.0 Health System Ownership. 100.0 Health System Ownership. 100.0 Health System Ownership. 100.0 Health System Ownership. 100.0 Health System 1				38-2947657				_ LLC		NIA	Henry Ford Health System	Ownership	100.0		
Henry Ford Health Systems Group. 45-3852852 Henry Ford Health System Employment, LLC. Henry Ford Health System Henry Fo				00 0505005				Fairland Haalth Oansina Oan		NII A	Harris Frank Harlah Orakan	Own a sala i sa	400.0		
Group. 33-1210726 Neighborhood Development LLC. NIA. Henry Ford Health System. Ownership. 100.0 Health System. Henry Ford Health System. Standard Health System. Henry Ford Health System. Henry Ford Health System. Henry Ford Health System. Ownership. 100.0 Health System.							-	Fairlane Health Services Corp		NIA	Henry Ford Health System	Ownersnip	100.0		. 0
Henry Ford Health Systems Group. Henry Ford Health Systems Group. Henry Ford Health Systems Group. Henry Ford Health Systems Group. Henry Ford Health Systems Group. Henry Ford Health Systems Henry Ford Health Systems Group. Henry Ford Health Systems Group. Henry Ford Health Systems Henry Ford Health Systems Group. Henry Ford Health Systems Henry Ford Health Sys				33-1210726				Neighborhood Development IIC		NIA	Henry Ford Health System	Ownerchin	100.0		0
Group 45-3852852										NIA	l	0 wile i sirip	100.0		
Henry Ford Health Systems Group. Henry Ford Health Systems Group. Henry Ford Health Systems Group. Henry Ford Health Systems Group. Henry Ford Health Systems Group. Henry Ford Health Systems Group. Henry Ford Health Systems Group. Self Funded Liability Plan. Henry Ford Health System. Group. Home Dialysis Specialty Center. Macomb Regional Dialysis Macomb Regional Dialysis Macomb Regional Dialysis Menry Ford Health System. Group. Henry Ford Health System. Ownership. Ownership. Ownership. Ownership. Ownership. Ownership. Ownership. Ownership. Ownership. Ownership. Ownership. Ownership. Ownership. Ownership. Ownership. Ownership. Ownership. Henry Ford Health System. Ownership. Henry Ford Health System. Ownership.				45-3852852				Employment IIC		NIA	Henry Ford Health System	Ownership	100 0		0
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Group. 38-2433285 Henry Ford Continuing Care Corp Henry Ford Health Systems 0wnership 100.0 Health Systems 100.0 Health Systems 100.0 Health Systems 100.0 Health Systems 100.0 Health Systems 100.0 Health Systems 100.0 Health Systems 100.0 Health Systems 100.0 Health Systems 100.0 Health Systems 100.0 Health Systems 100.0 Health Systems 100.0 Health Systems 100.0 Health Systems 100.0 Health Systems 100.0 Health Systems 100.0 Health Systems 100.0 He				90 - 0840304				. Henry Ford Innovation Institute.		NIA	Henry Ford Health System	Ownership	100.0	Health System	
Henry Ford Health Systems Group. 38-6553031				1							l i i				
Group 38-6553031 Self Funded Liability Plan NIA Henry Ford Health System Ownership 100.0 Health System Ownership Group 23-7383042 Henry Ford Health System Foundation NIA Henry Ford Health System Ownership Did Not Health System Ownership System Ownership Did Not Health System Ownership Did Not Health System Ownership Did Not Health System Ownership Did Not Health System Ownership Did Not Health System Ownership Did Not Health System Ownership Did Not Health System Did Did Not Health System Ownership Did Not Health System Ownership Did Not Health System Ownership Did Did Did Did Did Did Did Did Did Did				38 - 2433285						NIA	Henry Ford Health System	Ownership	100.0		. 0
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Henry Ford Health Systems Group. 38-3232668				32-0306774]			Henry Ford Physician Network]	NIA	Henry Ford Health System	Ownership	100.0		.]0
Group. 38-3232668. Centers. NIA. Henry Ford Health System. Ownership. 56.3 Health System. On Henry Ford Health Systems. Group. 45-5325853. Home Dialysis Specialty Center. NIA. Henry Ford Health System. Ownership. 30.0								Northwest Detroit Dialysis]]			Henry Ford	
Group 45-5325853. Home Dialysis Specialty Center NIA. Henry Ford Health System. Ownership 30.0 Health System. On Henry Ford Health Systems Group 26-0423581. Sha Realty Corp. Sha Realty Corp. Henry Ford Health System. Ownership 0wnership 100.0 Henry Ford Health System. Ownership 100.0 Health System. Ow		Group		38-3232668						NIA	Henry Ford Health System	Ownership	56.3	Health System	.[0
Henry Ford Health Systems Group. 26-0423581											l			Henry Ford	
Group				45 - 5325853			-			NIA	Henry Ford Health System	Ownership	30.0		. 0
Henry Ford Health Systems Group				00 0400504						NII A	Hanny Fand Haalth Cust	O	00.0	Henry Ford	
Group				20-0423581				Loenters LLC		NIA	nemy Ford Health System	ownership	U. Udbu0		·[
Henry Ford Health Systems Henry Ford				38-1378121				Sha Realty Corn		NΙΔ	Henry Ford Health System	Ownershin	100.0		٥
Group 90-0659735 Center for Senior Independence NIA Henry Ford Health System Ownership 50 0 Health System 0								1010 1001 ty 001 p	[l	. O m 10 1 3111 p			
		Group		90-0659735				Center for Senior Independence	1	NIA	Henry Ford Health System	Ownership	50.0	Health System	0

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
						Name of					Type of Control			
						Securities					(Ownership,	If Control in	1.114:	
		NAIC				Exchange if Publicly	Names of		Relationship to		Board, Management,	If Control is Ownership	Ultimate Controlling	
Group		Company	ID	Federal		Traded (U.S. or	Parent. Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Entity(ies)/	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Person(s)	*
	Henry Ford Health Systems					Í				,	,		Henry Ford	
	Group		26 - 3896897				Henry Ford West Bloomfield		NIA	Henry Ford Health System	Ownership	100.0	Health_System	0
	Henry Ford Health Systems		20 2000400				D 0 110 (4/h/- 0-t')		ALLA	Harris Frank Harlith Original	O	400.0	Henry Ford	
	Group	-	38-3322462	-			P Cor, LLC (d/b/a Optimeyes)		NIA	Henry Ford Health System	Ownership	100.0	Health System	0
	Henry Ford Health Systems		41-2223561				Henry Ford Pathology		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems	-	41-2223301				Henry Ford Physicians			l	. Owner sirrp	100.0	Henry Ford	
	Group		46-5746225				Accountable Care Org LLC		NIA	Henry Ford Health System	Ownership.	100 0	Health System	0
	Henry Ford Health Systems						Center for Complementary and						Henry Ford	
	Group		30-0092342				Integrative Medicine		NIA	Henry Ford Health System	Ownership	100.0	Health System	0
	Henry Ford Health Systems						Henry Ford Health Sys				·		Henry Ford	
	Group		46 - 4064067				Government Affairs Services		NIA	Henry Ford Health System	Ownership	100.0	Health_System	
	Henry Ford Health Systems		00 0044000										Henry Ford	
	Henry Ford Health Systems	-	. 38-3044223	-			Horizon Medical Building, LP		NIA	Henry Ford Health System	Ownership	32.0	Health System	0
	Group		46-5291602				HFHS-SCA Holdings, LLC		NIA	Henry Ford Health System	Ownership	40.0	Henry Ford Health System	0
	Henry Ford Health Systems						I III 110-30A 1101411193, LLO	-		l			Henry Ford	
	Group		47 - 1436663				Michigan Metro Dialysis, LLC		NIA	Henry Ford Health System.	Ownership.	20.0	Health System	0
												0.0		0
												0.0		0
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Asterisk	Explanation

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SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Agreements and	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95844		Health Alliance Plan of Michigan	16,000,000	Continuutions	investments	Allillate(5)	Service Contracts (427,227,934)	Agreements		(5,000,000)	(416,227,934)	raken/(Liability)
33044		HAP Preferred Inc	(6,000,000)				(6,669,268)		İ	[(0,000,000)]	(12,669,268)	 I
60134	38-3291563	Alliance Health and Life Insurance Compa	(0,000,000)				(69, 686, 999)		1	T	(69 686 999)	 I
00104	. 38 - 1357020	Alliance Health and Life Insurance Compa. Henry Ford Health System.				• • • • • • • • • • • • • • • • • • • •	(69,686,999) 471,124,129	• • • • • • • • • • • • • • • • • • • •	1	5,000,000	(69,686,999) 476,124,129	 I
	38-2791823	Henry Ford Wyandotte				•	36,357,113		1	1	36,357,113	·····
	38-2947657	Henry Ford Wyandotte. Henry Ford Macomb Hospital. Henry Ford West Bloomfield.			1		43.035.776	• • • • • • • • • • • • • • • • • • • •	1	<u> </u>	43.035.776	······
	26 - 3896897	Henry Ford West Bloomfield					595,034		1		595.034	· · · · · · · · · · · · · · · · · · ·
	138-3193008	Downriver Cancer Center					.30,263		1		30,263	· · · · · · · · · · · · · · · · · · ·
	38-3322462	P Cor LLC					1,950,230		I		1,950,230	L
95814	38-3123777	HAP Midwest Health Plan. Inc.	(10,000,000)				(53.716.658)		I		(63.716.658)	L
	38-3232668	Northwest Detroit Dialysis Centers					2,761,288		l	<u> </u>	2,761,288	L
	26-0423581	Macomb Regional Dialysis Centers LLC.					522,539		<u> </u>		522,539	
	38-2651185	Macomb Regional Dialysis Centers LLC. ASR Sys Res Corp					(60,000)		ļ		(60,000)	J
	41-2223561	Henry Ford Pathology					794,208		ļ		794.208	J
	38-2433285	Henry Ford Continuing Care					141,662		ļ		141,662	ļ
	. 38 - 1368330	Detroit Osteopathic Hospital					2,067		ļ		2,067	·····
	. 30-0092342	Center for Complimentary and Integrated			-		46,550		ļ		46,550	
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999999	Control Totals		0	0	0	0	0	0	I xxx	0	0	(

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.		YES
6.		YES
7.		YES
o	JUNE FILING	YES
8. 9.	·	YES
3.	AUGUST FILING	, LO
10.		YES
which t	lowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact he special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code plement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following ons.	e will be printed below. If
	MARCH FILING	
11.		NO
12.		N0
13.		NO
14.	· · · · · · · · · · · · · · · · · · ·	SEE EXPLANATION
15.	·	N0
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
18.		SEE EXPLANATION
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	SEE EXPLANATION
20.		SEE EXPLANATION
01	APRIL FILING	NO
21. 22.		NONONONONO
23.		NO
24.		YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by	
	April 1?	YES
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explar	iation:	
11.		
12.		
13.		
44 Na	A conditional to	
14. NO	t applicable	
15.		
16.		
17. He	alth Alliance Plan writes Medicare Part D through its Medicare Advantage Plan	
18. No	t applicable	
19. No	t applicable	
20. No	t applicable	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

OVERFLOW PAGE FOR WRITE-INS

M003 Additional Aggregate Lines for Page 03 Line 23. *LIAB - Liabilities

	1	2	3	4
	Covered	Uncovered	Total	Total
2304. Liability for CMS Coverage Gap Discount Program.	92,077		92,077	861,752
2305.			0	0
2397. Summary of remaining write-ins for Line 23 from Page 03	92,077	0	92,077	861,752

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